

Regional Homeland Security & the Urban Areas Security Initiative

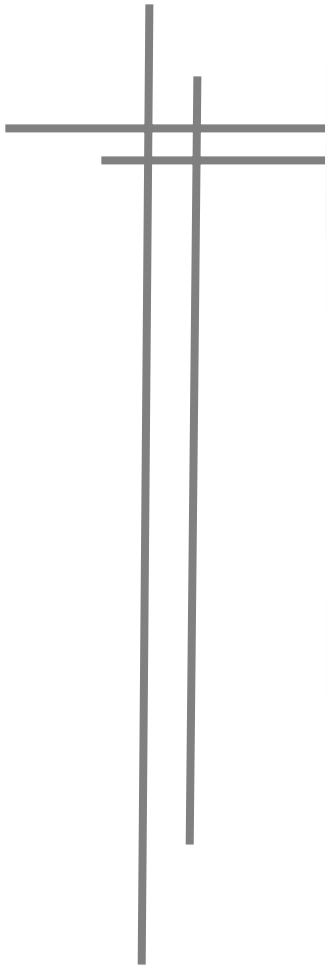
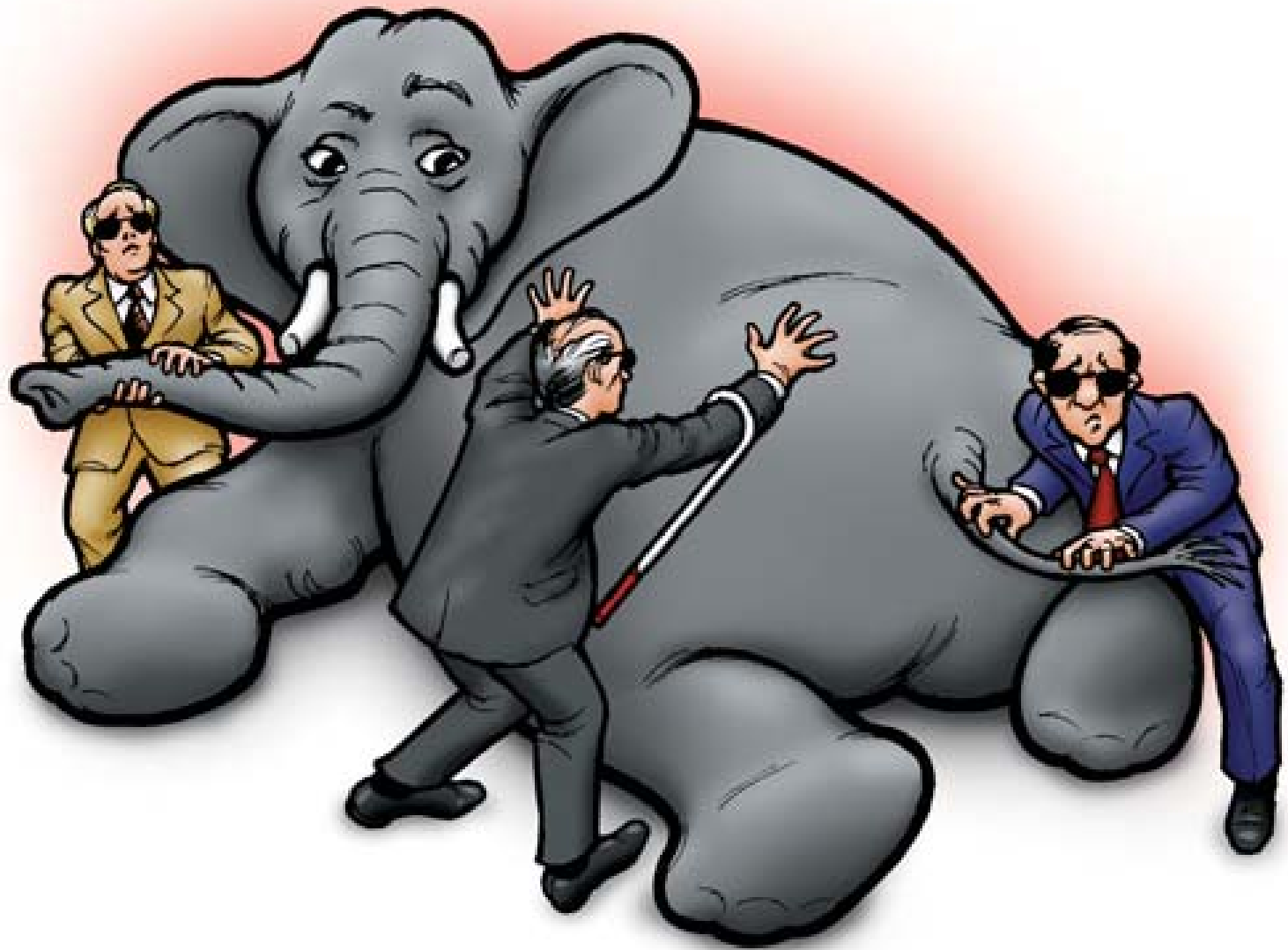
“It is not what you don’t know that hurts you, it is
what you think you know, that just ain’t so.”

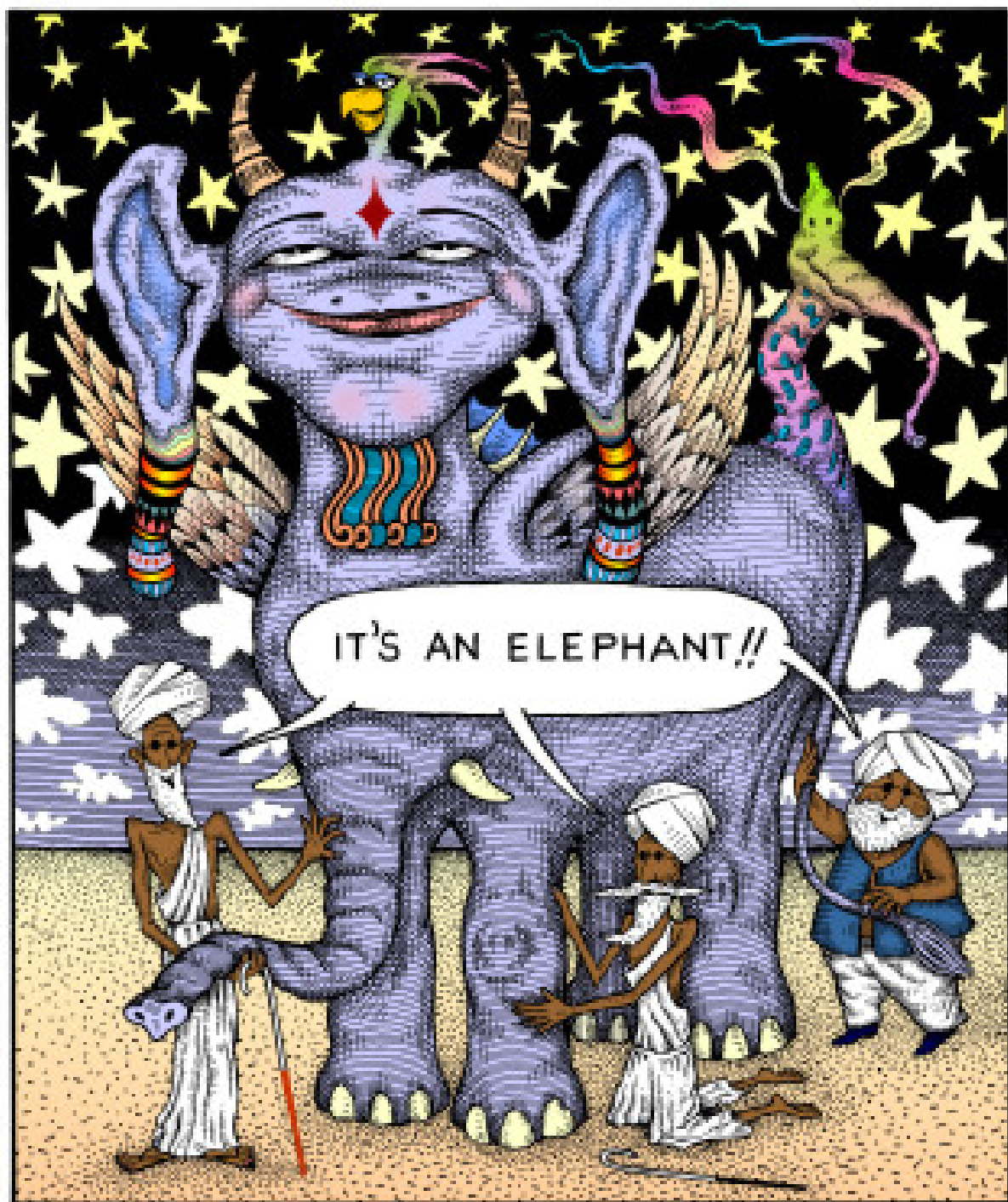
-Satchel Paige-

Rex Archer M.D., M.P.H.
Director of Health



Kansas City Missouri
Health Department





Kansas City Missouri
Health Department

Public Health (PH) Preparedness (Are we there yet?)

“The continuous process of improving the Health System’s capacity to detect, respond to, recover from, and mitigate the consequences of terrorism and other health emergencies”



Learning Objectives

- Describe state and local roles in public health response efforts in urban areas.
- Identify multi-disciplinary response roles in an urban area PH response.
- Describe PH UASI applications.



State

Local

- Regulator
- Grantee (From CDC)
- Grantor
- Coordinator
- Responder/Service Provider

- Responder/Service Provider
- Grantee
- Coordinator
- Regulator
- Grantor



Health Protection & Preparedness Critical Elements



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Protecting People in a Transforming World:

Preparedness

Threat Characteristics

- Global threats with local impact; local threats with global impact
 - Health
 - Security
 - Economy
- Small world networks
 - Fast transmission
 - Fast dissemination

Response Requirements

- Fast detection
- Fast science
- Fast & effective communication
- Fast & effective integration
- Fast & effective action!

Globalization, connectivity,
and speed!



Major Focus on State and Local Assets

- All Terrorism is Local
- An Effective National Response Requires an Effective Local and State Response
- Local Public Health is the First Responder for most of the nation in an outbreak (natural or intentional)



MAJOR FOCUS ON
STATE AND LOCAL ASSETS
(continued)

Timeliness and Quality of Initial
Engagement

Determine

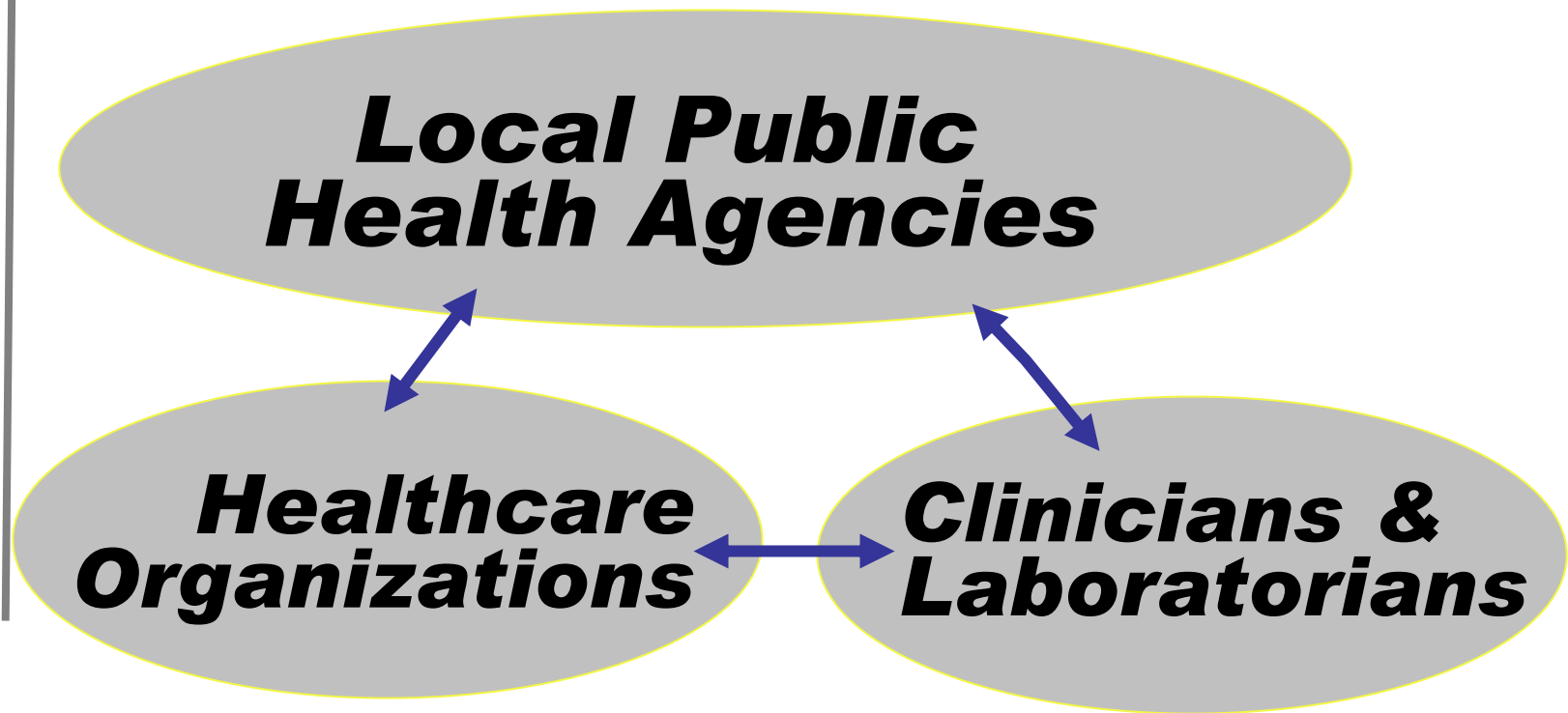
Course and Duration of Crisis

Character and Magnitude of Consequences

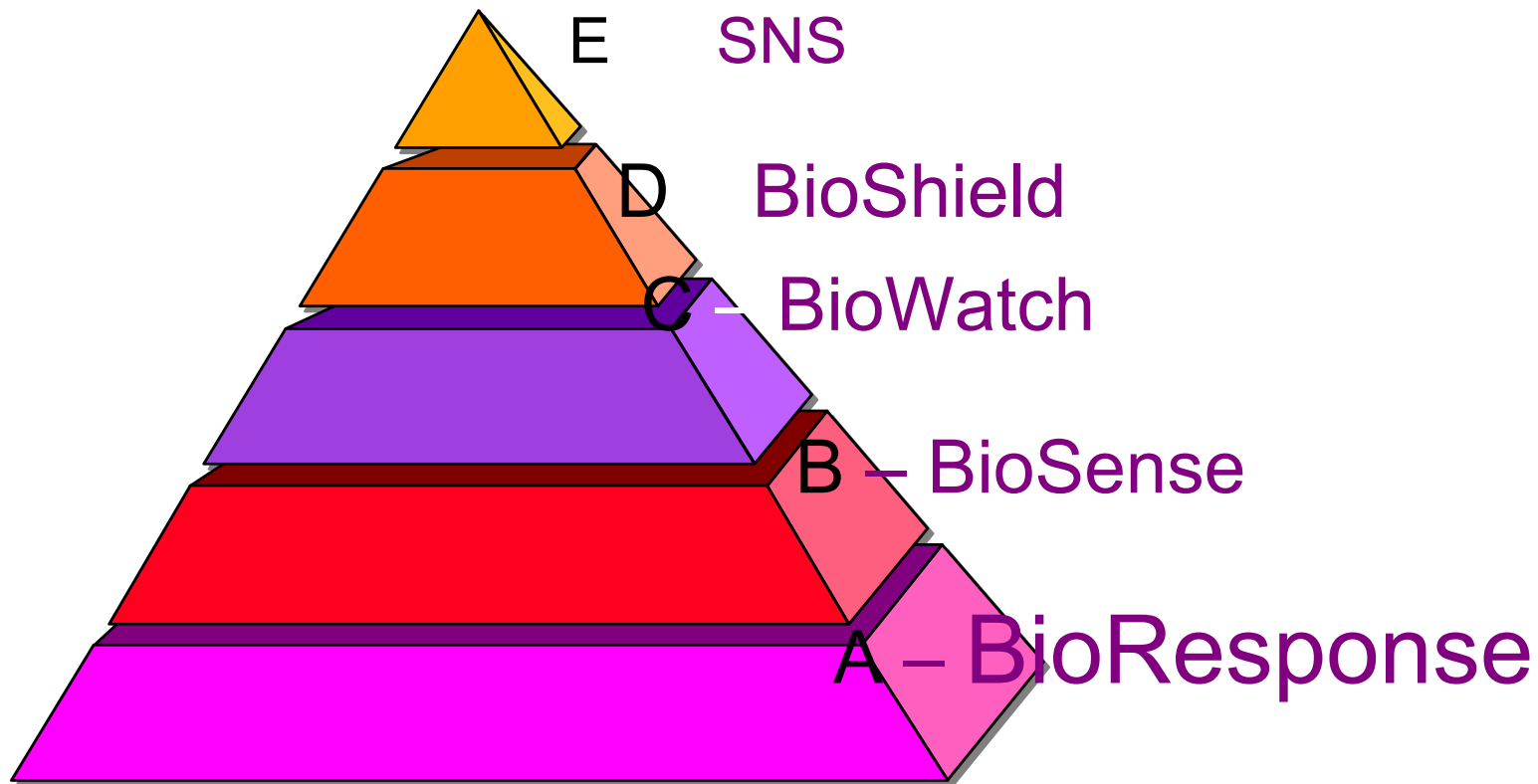


Strong Links!

“Golden Triangle” of Preparedness and Response



BioResponse the Foundation of Our Defense



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Case Study – Smallpox 1894

- Facing a citywide outbreak, Milwaukee health authorities forcibly removed infected individuals to isolation hospitals, selectively using this technique among impoverished immigrants and not the well-off.
- Perceived to be discriminatory and authoritarian, these measures caused month-long riots and ultimately abetted the spread of smallpox.
- Outbreak Impact: 1,079 cases, 244 deaths



Case Study – Smallpox 1947

- NYC officials effectively quelled outbreak by implementing a voluntary mass vaccination campaign that was universally applied, carrying out an elaborate public relations campaign, and involving grassroots organizations.
- Outbreak impact: 12 cases, 2 deaths



All Hazards Approach: Five Fatal Flaws?

- 1) When did the emergency begin?
(No Bang!)
- 2) Short Crisis Period? (days to weeks+)
- 3) Manage Extra Volunteers/Resources?
- 4) Mass Casualties (thousand fold increase)?
- 5) True Triage (not EMS)?



Multi-Disciplinary Roles

- Many disciplines will have a role in a public health response to a bioterrorism event.
- Homeland Security Issues will have to be coordinated regionally in metropolitan areas.



Regional Homeland Security Coordination Committee - RHSCC

- Provides bi-state multi-disciplinary and multi-jurisdictional support
- Provides leadership and coordination
- Maximizes public and private resources



RHSCC Subcommittees

- Training and Exercise
- First Responders
- Resource Coordination
- Personnel Accountability Security System (PASS)
- Metropolitan Emergency Information System (MEIS)
- Policy
- Plan
- Law Enforcement
- **Public Health**
- Medical Reserve Corps
- Hospital
- Mental Health



Public Health Subcommittee Task Forces

- Strategic National Stockpile
- Plans
- Epidemiology and Surveillance
- Isolation and Quarantine
- Risk Communication



Urban Area Security Initiative (UASI)

- Funds awarded to the bi-state Kansas City Metropolitan area
- Funds used for planning, training, exercises, equipment, management and administration, added security, and critical infrastructure protection



UASI PH Objectives

- Increase the region's surveillance and investigation capability.
- Develop regional capability to mass immunize large numbers of persons.
- Develop capability to manage large numbers of casualties.
- Build capability to stop the spread of disease(s) that are resistant to treatment.



Public Health Related UASI Projects

- SNS Trailers – 10 trailers with equipment and supplies to mass prophylax emergency responders
- Medication Distribution System – Improves the speed and accuracy of medication distribution and tracking of persons receiving treatment for prevention of diseases



Public Health Related UASI Projects, Continued

- Crisis Risk Communications System – Builds a communication infrastructure between LPHA leadership and their PIOs
- Patient Tracking System – Planning and equipment needed to track patients from incident scene, to hospital, and final disposition or family reunification



Public Health Related UASI Projects, Continued

- Regional Coordination Planning – Isolation & Quarantine, Mass Prophylaxis, Mass Patient Care, Volunteer Management, Special Needs Population
- Metropolitan Emergency Information System –
- Personnel Accountability Security System



Public Health Related UASI Projects, Continued

- CBRNE Training Program
- CBRNE Exercise Program
- Radio Interoperability – Create an area-wide, conventional simulcast interoperable multi-frequency radio network.



